

Town of Monterey Board of Health

APPLICATION FOR FOOD SERVICES PERMIT

Date_____

Company Name_____Phone_____Fax_____

Owner's Name_____Phone_____

Mailing Address_____

Facility Address_____

Write full name(s) of Certified Food Service Operator(s):_____

Operator's Address_____Phone_____

A COPY OF YOUR FOOD SAFETY CERTIFICATE MUST BE SUBMITTED WITH THIS APPLICATION.

(Required for all Food Service, Bakery, Catering and Mobile Food License Holders effective January 1, 1998.)

Type	Fee	Type	Fee
Food Service	\$50 each	Mobile Food Vendor	\$50 each
Retail Food	\$50 each	Bakery	\$50 each
Catering	\$50 each	Bed & Breakfast	\$50 each
Common Victualler's	\$50 each	Frozen Dessert	\$50 each
Tobacco Sales (must receive tobacco regs and sign receipt of)	\$50 each		

Note: For Caterers: Write in name of licensed base of Operations: _____

Address_____ **Phone**_____

Pursuant to MGL Ch. 62C, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Individual

Please Print Name Here

Date_____

BOH Approval Signature

Date_____

TOTAL AMT DUE: \$_____

PAYMENT IS DUE WITH APPLICATION. PLEASE MAKE CHECKS PAYABLE TO "TOWN OF MONTEREY"

Revised 1.07